

City of Morganton
Community Development Block Grant Entitlement Program
Small Business Loan Program
CDBG Program Application

Name of Applicant: _____
Name of Business: _____
Applicant's Address: _____
Business Address: _____
Telephone: _____ Fax: _____ Email: _____
Tax ID#: _____ Social Security #: _____
DUNS # _____ (If you don't have one go to www.dnb.com to get one) **Required!!**

Type of Business: (check one)

____ Sole Proprietor
____ Partnership (*Attach list of partners*)
____ Corporation (*Attach list of current Board of Directors*)
____ Limited Liability Corporation (*Attach list of any additional persons involved with Corporation*)
____ Others (*Please describe*) _____

Amount of Request for CDBG Small Business Loan Funds \$ _____

Total amount of funds contributed by the business and/or other funding source: \$ _____
(*Describe funding source*) _____

Total Number of Jobs to be created: _____

Total Number of Low/Moderate Income jobs to be created: _____

Average hourly wage of job(s) created: _____

How will new jobs be advertised to the public: _____

****ALL Job(s) must be created by the one year anniversary of signing the loan agreement with the city.**

Please check one:

_____ Business owner currently meets the HUD criteria as a low to moderate-income person
(*Attach applicant's latest tax return or other supporting documentation*)

_____ Business will primarily employ persons that meet the HUD criteria as a low to moderate-income individual (*Attach a statement that indicates the business will provide supporting documentation after the hiring of low to moderate income individuals*)

*Describe the activity or items to be funded with CDBG funds, including a budget indicating a breakdown on how the CDBG funds will be used. (*Attach information on separate page(s)*).

Please check one:

_____ New/Start-up Business (*Include a statement or narrative of the business revenues, expenses and income , Five year business plan and marketing plan*) *Attach information requested on separate pages(s).*

_____ Expanding Business (*Include a statement or narrative of the current and proposed business revenues, expenses and income, and marketing plan. Include an up to date five year business plan*) *Attach information requested on separate page(s)*

What other funding sources have you sought to obtain for the financial needs of your business? Please describe.

Is the applicant willing to provide quarterly cash flow statements to the Advisory Council for a period of two(2) years?

Circle One: YES NO

Is the applicant willing to authorize the City of Morganton to obtain credit reports to determine credit worthiness? (*Authorization sheet included in application*)

Circle One: YES NO

Describe the business location and the ability to obtain the necessary permits for the operation of the business at that location.

List three(3) persons that can be contacted for references by the CDBG staff. (*Include name, address & phone number*)**Attach separate page for this requested information.*

Submitted By: _____

Typed Name

Title

Signature

Date

Name of Business